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BULLETIN

of the CIVIL AVIATION MEDICAL ASSOCIATION

OCTOBER 1995

SAN ANTONIO MEETING WELL ATTENDED

The annual CAMA scientific meeting was held in San Antonio from the 7th through the 9th of September of this year. The location was the Palacio Del Rio Hotel on the famed San Antonio Riverwalk. The meeting was "double barreled" in that it counted as a required periodic FAA Aviation Medical Examiner's Seminar as well as the CAMA scientific session.

While a number of sessions covered many aspects of civil aviation medicine, e.g., neurology, otology, alcoholism and substance abuse etc., the last portion was oriented heavily toward cardiology as it relates to pilot certification. The 150 or so physicians who attended were in almost universal agreement that this was both an excellent medical meeting and one of the best CAMA conferences held to date.

The luncheon speakers were quite remarkable as well. Attendees were treated to both excellent

cuisine and fascinating looks at sides of medicine seldom seen by practicing clinicians. The Thursday speaker was Brig. General Robert Belihar who shared with us his experiences, photos, and insights into the Gulf War both from an operational as well as a medical standpoint. All who attended came away with a vastly improved understanding of just what went on as well as something of the "inside scoop" about some of the personalities involved.

The Friday luncheon speaker was Richard Jennings, M.D. who shifted gears to the U.S. space program and provided a professional assessment of the current challenges in this arena. It is an area where few clinicians have the opportunity to practice. All who heard his remarks were fascinated by the variety of problems confronting the space program—many of them rooted in the need to take terrestrial humans and enable them to survive and

✈ ✈ ✈ (continued on page 8)



FORMER CAMA PRESIDENT NAMED DISTINGUISHED INVENTOR



Immediate Past President Forrest Bird, M.D., Ph.D., D.Sc. has just been named to the National Inventor's Hall of Fame. Dr. Bird joins such luminaries as Thomas Edison, Henry Ford, and many others whose names today are household words. He is one of seven just elected. Their names are perhaps as not as well known, but the collectively are responsible for Kevlar®, the electric transformer for long distance power transmission, synthetic rubber, and the chemical synthesis of penicillin to name just a few of their accomplishments.

✈ ✈ ✈ (continued on page 11)

BULLETIN of the Civil
Aviation Medical Association
(CAMA)

President

James L. Tucker, Jr., M.D.

President-Elect

A. Duane Catterson, M.D.

Secretary-Treasurer

Floyd F. McSpadden, M.D.

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James L. Harris, M.Ed.

BULLETIN Editor

Robert L. Wick, Jr., M.D.

The BULLETIN of the Civil Aviation Medical Association (CAMA) is published quarterly for CAMA members and others interested in aviation medicine.

The CAMA motto is: "Pro Bono Publico," "For the good of the public."

CAMA's organizational purpose is: "To provide the civil aviation physicians with education, representation to government and a voice with industry and the public."

The BULLETIN editor welcomes submissions of articles photos for publication. Please mail text in typewritten form or in WordPerfect software on floppy computer disk to:

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EDITORIAL

NEW REGULATIONS:

DO WE REALLY NEED THEM? ➔ ➔ ➔

Any fool can make a rule

Henry David Thoreau (1817-1862)

The latest 200 plus page proposal in the Federal Register to change the Federal Aviation Regulations appears as a masterpiece of bureaucratic obfuscation. It is characterized by many additional regulations, complications, and lots of "fine print" invalidating a number of current pilot and instructor qualifications. The net result will be more time, money, and effort required to obtain anything beyond the most rudimentary recreational pilot certificate. A corresponding increase in FAA inspector duties will probably be required which translates to still more inspectors and others on the FAA payroll.

This comes at a time when there are only a handful of new general aviation airplanes being built compared to the once burgeoning industry typified by Beech, Cessna and Piper. Moreover, the number of active pilots in the U.S.A. has dropped from a peak of more than 800,000 a decade ago. Today it is something just over 600,000. Yet the accident rate is low as it has been for some years. One can logically conclude that still more rules, regulations, inspections, etc. aren't likely to have much of an impact on the all important accident rate—perhaps one of the best indicators of success in aviation regulation writing. But the decline in the number of pilots, airplanes, etc. is almost surely going to accelerate with the added regulatory burden proposed by the FAA.

The FAA needs to stare hard into a mirror and ask itself, "Do we really need more rules, or can we simply do a better job with those we already have?"

We think the answer is obvious....

MEDICAL STANDARD CHANGES STILL DELAYED

The long-awaited proposal to change many of the FAR Part 67 medical standards is still in limbo. Although it has cleared the FAA's Office of Aviation Medicine, it is still being considered in the Office of Management and Budget (OMB). There it could be changed once

➔ ➔ ➔ (continued on page 5)



PRESIDENT'S MESSAGE ➤ ➤ ➤ ➤ ➤ ➤

Those of us in attendance at the annual meeting in San Antonio between 7-9 September note that anyone who wasn't there missed a great time—good lectures, good fellowship and not least necessarily, good food!

Mark your calendars now for the CAMA symposium for 1996 in Virginia Beach, VA from October 16th through the 19th. You'll not want to miss it.

At the Board of Trustees meeting held in conjunction with the annual meeting, Issues Committee Chairman Jim Almand challenged us with opportunities for the months ahead. Some of his committee's ideas that I especially like include:

1. Regularly publish a list of approved drugs for use by flyers (as well as a list of those medications, which if used, will result in a certificate denial.)
2. Publish by CAMA members educational and pilot advocacy articles in aviation publications. (Several CAMA Bulletin submissions have already been "borrowed" for other journals.)
3. CAMA should reply to controversial medical writing in aviation magazines or in Letters to the Editors.

And finally, a repeat of the concern I expressed at the Honors Night Banquet on the 9th of September:

We want to see our membership grow because a strong voice in aviation medicine is important and a broad-based membership will make this possible.

We especially want to see growth in numbers among the women physicians performing flight physicals and among our international physicians who are involved in flight medicine.


I bring no special expertise to the job of President of CAMA. I have been influenced through the years by the story of a traveler who visited a remote outpost of the French Foreign Legion. Scrawled on the wall by a lone sentry were the words:

"I believe one man can make a difference: I believe every man should try."

And in this world of socio-political correctness he would add: "I believe one woman can make a difference: I believe every woman should try."

The success of our organization this year will depend on all of us—each one of you—working to be a part of problem-solving in the realm of flying safety—for the public good.

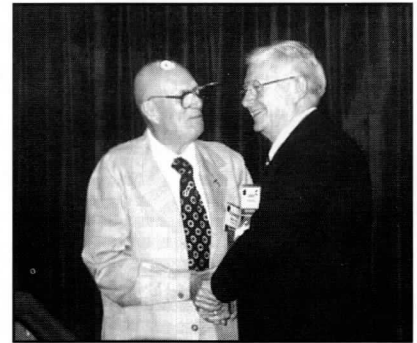
Sincerely,


James L. Tucker Jr., M.D.
President, CAMA



✈ ✈ ✈ **OUTGOING PRESIDENT'S MESSAGE** ✈ ✈ ✈

It has been a great privilege for me to be able to serve CAMA as your President. My tenure was greatly enhanced by Jim Harris whom I truly consider the "Captain of the Ship." The excellence of our Bulletin centers around our "Fearless Editor" Bob Wick, Jr., M.D. who, in my opinion, "calls 'em as he sees 'em." The financial state of our organization continues to be carefully monitored by Floyd F. McSpadden, M.D. Our Executive Board Members, our Trustees, and above all else, our members which we jointly serve, have all participated in the thrust which has propelled CAMA upward and forward.



In my opinion, our Bulletin is the major image of CAMA. I, for one, always look forward to receiving it and discovering new meanings to current events as well as major contributions in the methodology of our professional procedures and practices. But writing our publications should not be a one man job. Ask yourself, have you forwarded Bulletin quality material for consideration either as an article or perhaps a news release?

Our new President, James L. "Jim" Tucker, Jr., M.D. has long demonstrated his unique personal abilities in upholding the principles of CAMA. Dr. Tucker's medical and military qualifications are impeccable. He, together with the continuing support of those previously mentioned, will maintain CAMA's projection into the next century. He will require your help as have I. Remember that CAMA is a team with each and every member dedicated to professional excellence through education.

All CAMA members will continue to serve their patients at responsible professional levels coupled with trust, dedication, and the ethical practice of medicine. At the same time, they will uphold the Federal Aviation Regulations and support the Federal Air Surgeon as designated Aviation Medical Examiners.

Sincerely,

Forrest M. Bird, M.D. Ph.D., D.Sc.



✈ ✈ ✈ ✈ ✈ **NEWS OF MEMBERS** ✈ ✈ ✈ ✈ ✈

Brent Blue, M.D. of Jackson Hole, Wyoming has begun a new project called DocTalk, Inc with the lead slogan, "Now you can ask a doctor." Available 24 hours a day, it is advertised to provide improved health care and cost lowering.

more, sent back for revision, or cancelled entirely. At press time, FAA insiders have no idea what action, if any, the OMB will take. For details and an analysis of what the FAA originally proposed, see the Spring 1995 issue of the CAMA BULLETIN.

(Best bet: Any changes made to the current medical standards will bear relatively little relation to those originally proposed by the FAA's medical staff. Nothing in recent years has been as much resisted by the aviation community as the proposed changes. The "alphabet" organizations have mounted an organized campaign in the Congress to oppose them. -Ed.)

FAA APOLOGIZES — NOT



"FAA Issues letter of apology to pilot," blared

the headline of one prominent general aviation newspaper. Others reported similarly. The text described an incident in Alaska which began when the FAA medical staff in Oklahoma City requested a psychiatric examination of a local Fairbanks commercial pilot.

A tragic automobile accident had claimed the life of this pilot's 16 year old son. At the end of the trial when the responsible driver was being sentenced, the pilot told the judge that he overflowed his son's grave on his regularly scheduled runs out of Fairbanks. He mourned the loss of his son on each flight. That comment was duly reported in a Fairbanks newspaper and shortly thereafter, the FAA request arrived. Although played up in Alaska and other newspapers, the request was actually a standard request for a routine psychiatric evaluation. The pilot refused, and made the letter public. He demanded an apology.

The hue and cry was heard all over Alaska and reached the lower 48 states as well.

Members of the Alaska state legislature were outraged and bombarded the FAA with complaints. Shortly thereafter, the FAA Regional Administrator did issue a formal apology to the pilot in question.

LETTERS TO THE EDITOR

Greetings from the Holy Land and your man in Jerusalem. I am working at Hebrew University Hadassah Medical School in Jerusalem in the Occupational and Environmental Medical Unit. I am in charge of research connected with biological effects of non-ionizing electro-magnetic fields. In particular, this includes power lines, electric blankets, video display terminals, cellular telephones, etc. CAMA visitors are always welcome.



I would appreciate news from all members about any newspaper, magazine, or medical journal articles concerning these subjects. It is not always easy to keep up with what's new in EMF's from Jerusalem. I'm 84 now and am slowing down a little. My e-mail address is Gordon@MD2.HUJLACII. I can be reached at FAX number 972 2 664836.

MILTON GORDON, M.D.
P.O. Box 4069
91040 Jerusalem, Israel

(Many CAMA members will remember Milt Gordon, a New Jersey physician who moved to Israel some years ago and became Israel's equivalent of the U.S. Federal Air Surgeon. -Ed.)

SWEEPING CHANGES PROPOSED: INCLUDES RECREATIONAL PILOTS



The FAA just issued a voluminous proposal to completely overhaul most of the pilot certification requirements and regulations. Some 200 pages of the Federal Register for August 11 of this year were devoted to the proposal. Much of it applied to ratings in different categories and classes including the specification of a new aircraft category. The new category will apply to aircraft which take off vertically and then transition to conventional flight; e.g. the V-22 "Osprey" and other tilt-wing/tilt-rotor aircraft.

Both flight and ground instructors will also be required to change their ratings to several expanded and otherwise new classifications. They'll also be required to demonstrate teaching ability for these new ratings. There are a myriad of other changes as well, but most do not directly relate to CAMA. There is one which does however.

The relatively new category of Recreational Pilot will have added privileges and will not be required to hold a medical certificate. Under the proposed rules, a recreational pilot will be able to fly an aircraft with up to 200 horsepower and four seats although he or she may only carry one passenger. At present limited to 50 miles from the point of takeoff, with a few hours of added instruction on cross country flying, the distance restriction will be cancelled. A recreational pilot will then be able to

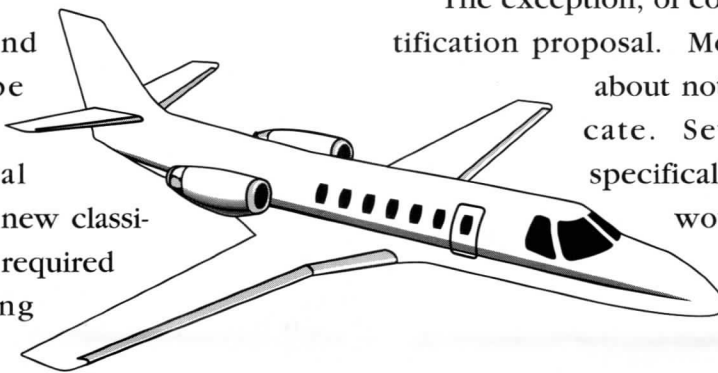
take another passenger and fly coast-to-coast in most of the common Cessnas or Pipers with no requirement at all for a medical examination.

To date, the response from the aviation community has been underwhelming. As some have said, the proposals sound more like bureaucratic games designed to shield FAA officials from taking any responsibility. At the same time, the rules will multiply the number of positions needed to police all the new regulations.

The exception, of course is the medical self-certification proposal. Most pilots are enthusiastic about not needing a medical certificate. Several publications have specifically commented that CAMA would naturally be expected to oppose medical self-certification and they've further implied that it is

simply a matter of economics. (Aviation writers do not seem to understand that the average AME does not earn a significant fee for performing aviation medical examinations. In fact, compared to their regular practices, they lose money when their time and office overhead is considered. Most AME's simply enjoy the work. - Ed.)

The FAA is not presently respected in most of the aviation community and this bad public relations problem is not likely to be improved with the new proposal. Watch these pages for future developments.



An Airman Whose Vision has Changed

by

Steve Carpenter, M.D.



Jerrie Jones, a 46 year old applicant for a Class III medical certificate, indicates on her application that she is a private pilot with 1200 total hours of flying time including 30 in the last six months. She had previous hospitalizations for two deliveries and a "bad case of the flu" nearly 20 years ago. Her only noted visits for health care are her annual GYN exams. You've seen her regularly for the past few years for her FAA exams.

On today's examination you find no abnormalities at all. This is fine, but then you notice that on her exam two years ago, you found her uncorrected vision to have been 20/200 in each eye. Today, it's 20/20. You didn't notice any contact lenses during your eye examination, but you've sometimes had trouble seeing those which were exactly the same size as the iris. You ask her about it.

"Looks like your vision has improved a great deal since your last exam," you say.

"Yes," she replies. "Isn't it great what the eye surgeons can do these days!"

"When did you have your surgery?" you ask.

"Oh, about a year ago. Did I forget to put it on the application form?", she responds.

Questions

1. Assuming that her ophthalmologist confirms that she healed well following her radial keratotomy (RK) and that her vision is stable, can Ms. Jones be certified to fly?
2. From an aeromedical standpoint, what are the concerns related to RK?
3. What is the proper approach to the fact that Ms. Jones did not mention the RK on her application?

Discussion

Keratorefractive surgery, most often radial keratotomy, is becoming a very common procedure in the U.S.A. We receive applications from pilots who have had this procedure almost every day at the FAA Aeromedical Certification Division in Oklahoma City. It is frequently a cosmetic procedure to relieve a person from the discomfort of wearing glasses or contact lenses.

Our experience with applicants for medical certification who have had RK has been very positive. We have seen no evidence so far of significant late complications. Consequently, we feel very comfortable about certifying these applicants provided that certain minimal criteria are met.

We ask that the applicant be fully healed and that the visual acuity be stabilized before we certify the applicant and issue a medical certificate. We also ask the treating surgeon to confirm that the patient has no residual complications and that they do not report significant night-time glare.

Night-time glare is probably the most significant aeromedical problem related to RK. When it is dark and the pupil dilates, the incisions from the surgery may then be within the visual field. When light from

✈ ✈ ✈ (continued on page 9)

function in one of the most hostile environments imaginable.

Last, but by no means least, CAMA member Charles A. "Chuck" Berry M.D. served as the Saturday luncheon speaker. His background and historical insights were riveting as he led the audience through the trials and tribulations of the early halting steps to space.

But the best was yet to come!

The Banquet speaker was Gordon Bethune, Chairman and CEO of Continental Airlines. He spoke of the challenges facing him as the new head of a famous old airline which has fallen on hard times in recent years. His approach to the problems was both practical and inspirational. Mr. Bethune made it quite clear that his first responsibility is to re-establish the morale of his employees. He discussed how he is doing it,

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Brigadier General (Dr.) Robert P. Belihar
Thursday Luncheon Speaker



Richard T. Jennings, M.D.
Friday Luncheon Speaker



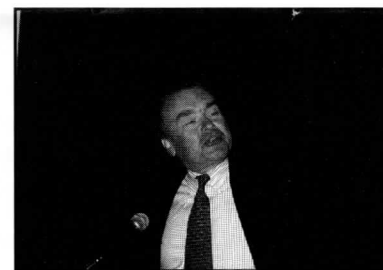
Charles A. Berry, M.D.
Saturday Luncheon Speaker



San Antonio River Walk



Dr. and Mrs. A. Duane Catterson
Enjoy The River Walk



Gordon Bethune
Dinner Speaker

CIVIL AVIATION MEDICAL ASSOCIATION

Corporate and Sustaining Members

The financial resources of individual members alone cannot sustain the Association's pursuit of its broad goals and objectives. Its forty-five year history is documented by innumerable contributions toward aviation health and safety that has become daily expectations by the world's flying population. Support from private and industrial sources is essential for CAMA to provide one of its important functions, that of education. The following support CAMA through Corporate and Sustaining Memberships:

John H. Boyd, D.O.
Albert van der Waag, Jr., M.D.

James L. Tucker, Jr., M.D.
Francis C. Hertzog, Jr., M.D.

M. Young Strokes, III, M.D.
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Rummel Eye Care, P.C.
1022 Willow Creek Road
Prescott, Arizona

Percussion Aire Corporation
Dominique Bird, President
Sandpoint, Idaho

(SAN ANTONIO MEETING continued from page 8) ✈ ✈ ✈

and those who heard him know without doubt that he is a "people person." This CEO is in a tough business however, and he knows it.

Perhaps the most pleasant aspect of the entire meeting however was the venue. The Palacio Del Rio is a member of the Hilton Hotel chain and is located right on San Antonio's renowned Riverwalk. Attendees had merely to step from the hotel onto one of the most picturesque and pleasant vacation spots in the midwest. All sorts of cuisine and entertainment are just a short stroll away. The ambience is unique and never tiring. Without doubt, CAMA will return in the not-too-distant future.

(CAMA particularly appreciates the time and effort expended by all the speakers to enhance the quality of our annual meeting. We offer our thanks and wish them all well.)



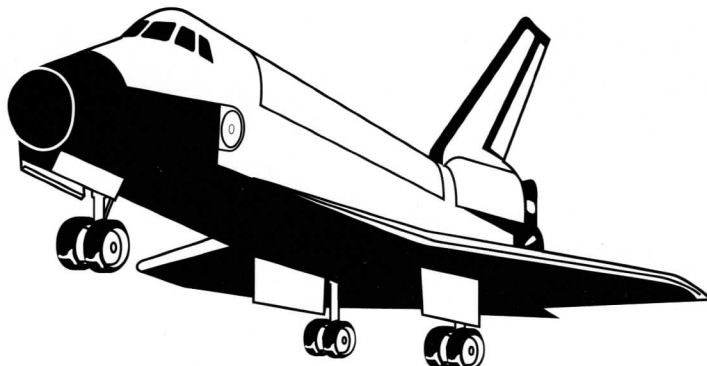
(AEROMEDICAL PROBLEMS continued from page 7) ✈ ✈ ✈

discreet light sources (automobile headlights, runway and taxiway lights, rotating beacons, etc.) is refracted by the incisions, the result may be a star-burst or glare phenomenon which interferes with vision. This is less likely with the newer procedures which use fewer incisions, but may still be a problem.

An area of concern for military pilots is the possibility of rupture of the incision-weakened cornea under the stress of a sudden decompression at high altitude possibly combined with high G forces. Since this is extremely unlikely in civilian flying, we do not consider it a deterrent to certification.

When an applicant makes an error in completing the FAA 8500-8 application form, you have several options. If you think the error was intentional and of a significant nature, please let the FAA know. If you think it a simple oversight, then all you need do is hand the application back to the pilot and have them correct or add the information themselves. Please, **DON'T MAKE THE CORRECTION YOURSELF ON THE FRONT SIDE OF THE FORM.** (This drives our legal people nuts!) You may however, make any comments that you would like on the back (your side) of the form.

(CAMA thanks Dr. Carpenter, a member of the FAA Medical Certification staff in Oklahoma City, for this interesting case. And much as physicians might wish to drive all lawyers nuts, CAMA members will attempt to refrain from doing so out of respect for Dr. Carpenter. - Ed.)



FAA REVIEWS HOOVER CASE — AGAIN!



If there was ever a certification case which won't die, it is that of Bob Hoover. Hoover, 73, is a former WWII fighter pilot and test pilot better known recently as one of the deans of the airshow aerobatic circuit. Following an airshow performance in Oklahoma City several years ago, two FAA inspectors questioned his abilities and referred him to the Office of Aviation Medicine.

A protracted evaluation by a number of physicians and neuropsychologists concluded that he had a significant degree of brain dysfunction—considerably more than would be expected for a man of his age and far more than would be desirable for someone performing aerobatics in front of tens of thousands of spectators. There was also radiographic evidence of organicity. The FAA then revoked Hoover's medical certificate on an emergency basis.

A legal and public relations donnybrook exploded immediately.

Hoover appealed his revocation to the National Transportation Safety Board (NTSB). W. Roger Mullins, an NTSB administrative law judge, arranged to have Hoover demonstrate his aerobatic routine with former World Aerobatic Champion Leo Loudenslager serving as a safety pilot. After the demonstration, the judge ordered the FAA to return Hoover's medical certificate. However, the FAA appealed the decision to the NTSB itself.

The entire NTSB overruled their law judge, and in a lengthy decision, upheld the FAA revocation once more. This time Hoover appealed to the federal court system.

Hoover was represented by famed attorney

and pilot F. Lee Bailey. The initial court decision upheld the NTSB, and Bailey appealed to the Supreme Court. However, that court refused to hear the case which meant that the lower court decision was final. The FAA revocation was valid.

To further muddy the waters, Hoover convinced the Australian medical authorities that he was all right. He was then given the Australian equivalent of a second class medical certificate so that he could (and still does) fly airshows there. However, when he applied to Canada, they looked at the available data and refused to issue him a medical certificate. Normally that's where the matter should have ended. But it didn't.

There was so much unfavorable publicity reported in the aviation press that the Federal Air Surgeon, Dr. Jon L. Jordan, once again ordered a review of all the medical and psychological reports available. These included results from the original tests, plus results from some tests which

were repeated. There was also a new set of the brain scans. (CAMA has been told unofficially that a few showed some minor improvements. - Ed.)

Hoover had hoped for an announcement at the annual EAA Oshkosh gathering, but none was forthcoming. In any case, the FAA is now in a bad position no matter what happens. If they stick by the original results, they're still public enemy number one in the eyes of Hoover supporters and most general aviation pilots. If they relent and issue a certificate, they've lost additional credibility for the validity of the tests and standards. Perhaps this is really the certification case from Hell....

FLASH

CAMA has just received information that, after further evaluation of Bob Hoover, the Federal Air Surgeon has issued him a restricted second class medical certificate. He may fly airshows, but may not carry passengers or fly cargo for hire. He will be followed annually to assure there are no further changes in his condition. Further information will be provided as it becomes available.

Dr. Bird's work has been seminal in the field of respirators and other devices related to pulmonary function. One of his inventions liberated patients from iron lungs. Another was designed specifically for babies with low birth weights. In fact, it is difficult to find any hospital operating suite, emergency department, or mobile trauma team which does not have Bird-invented equipment at hand. But the story of how he became interested in such work is at least as unusual as his career.

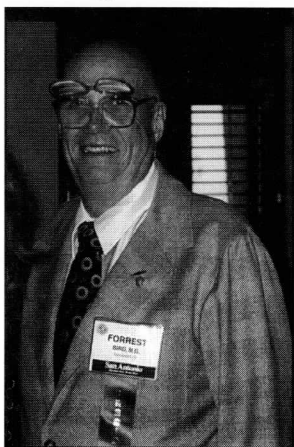
Dr. Bird was a distinguished military aviator in WW II. For a number of reasons, he was assigned to ferry various types of airplanes all over the country. Consequently, he became familiar with far more aircraft types than most military pilots. It was logical then for him to be selected to ferry a number of captured WW II German aircraft to Wright Field for study by U.S. engineers and test pilots.

On one of these flights, he used an early German oxygen regulator for his high altitude flight. Since it was less than satisfactory, his innate curiosity about how it worked led to his life-long career. In his spare time, pilot Bird first took it apart and thereafter painstakingly taught himself something of respiratory physiology. This led to his request for a tour of duty at the Army Air Force's School of Aviation Medicine and his calling was settled. His mentors there recognized his talents and coached him toward his Ph.D. in physiology. Dr. Bird followed that with an M.D., a D.Sc., and as the saying goes, "the rest is history."

Forrest has not rested on his laurels however. Although now in his mid seventies, he recently completed

work on a percussion device to help clear bronchial secretions and ease the work of breathing. Stay tuned to see what he develops next.

(CAMA adds its congratulations to those of the scientific community for the many contributions of this remarkable mind.)



Allegedly, the Administrator stated that the FAA did not want any more medical problems following the Hoover publicity. But, that's not the end of the story.

The newspapers missed the real problem. This particular pilot had a recent driving record which included a number of driving-while-intoxicated charges. The psychiatric examination was intended to uncover—or refute as the case may have been—a possible case of alcoholism. The examination request had nothing whatsoever to do with his grief at the loss of his son. The timing of the request after the pilot's remark to the trial judge was simply a coincidence. But the newspapers jumped to conclusions and did not learn of the background until much later.

Interestingly, the Alaska papers themselves "apologized" when they realized that they'd been misled. However, the publications in the "lower 48" either missed that part of the story or felt that it wasn't important enough to set the record straight.

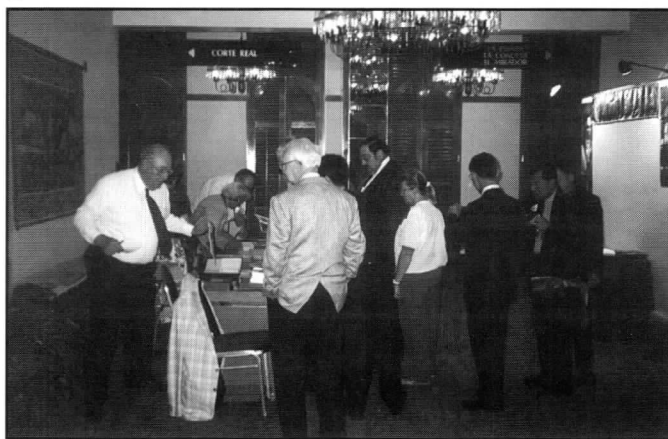
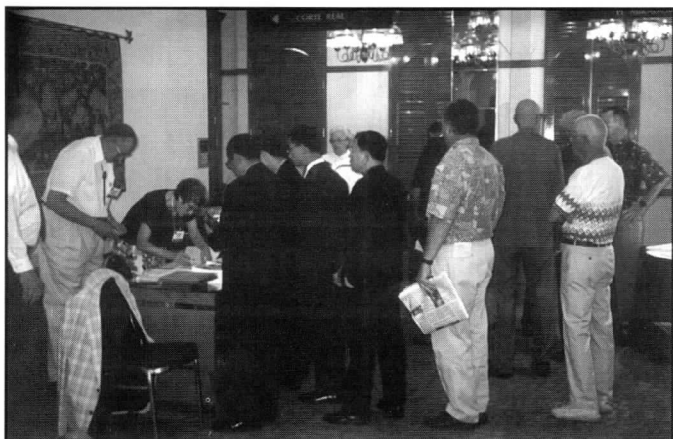
(The media is unfortunately much less interested in accuracy than it is in speed in the rush to make headlines. Many public misconceptions are the result. The Alaska papers did print the facts when they finally learned them. One might ask, "Why didn't the "lower 48" publications do the same?" - Ed.)



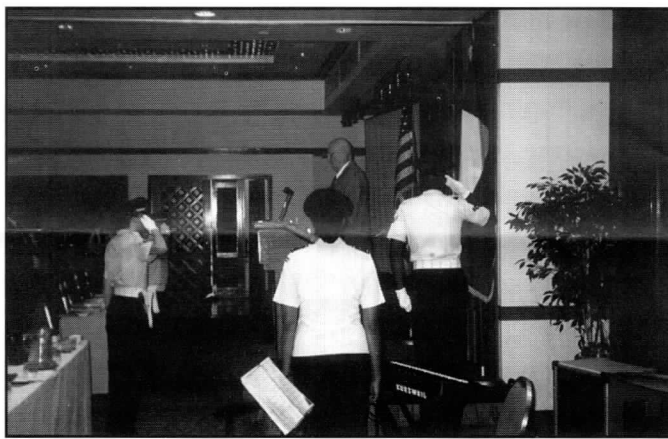


REGISTRATION FOR CAMA MEETING

San Antonio, Texas • September 7, 1995



Air Force Band



Air Force Honor Guard

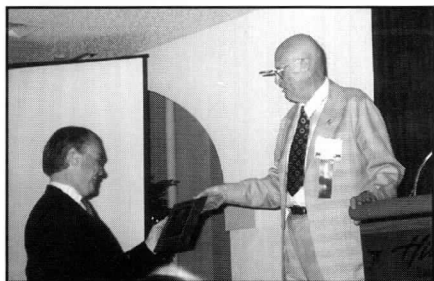


CAMA's new exhibit displayed for first time at meeting in San Antonio, Texas. It was displayed at AOPA Expo in Atlantic City in October. It was manned by Drs. Hastings and Vereen

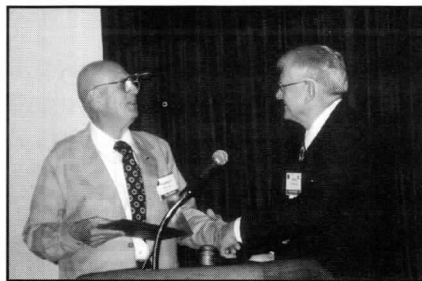


International attendees with
A. Duane Catterson, M.D. (center)
President Elect of CAMA

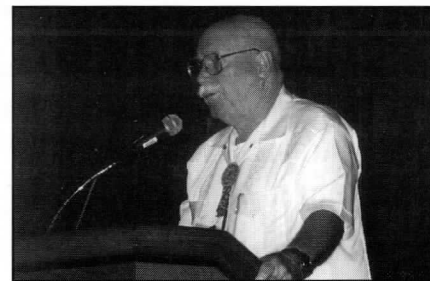




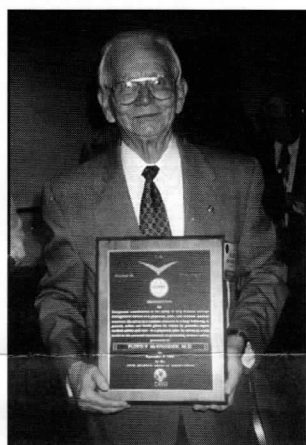
Forrest M. Bird, M.D.
CAMA President Presents
Plaque To
Gordon Bethune,
President of Continental Airline



Forrest M. Bird, M.D.
Receives Plaque From
James L. Tucker, M.D.
CAMA President



John H. Boyd, D.O.
Was Honored With
The Presidents Award



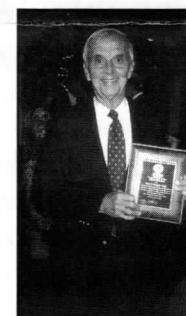
1995 FORREST AND DOMINIQUE BIRD AWARD

The recipient of this year's Bird Award is a physician pilot who has been a quiet, steady and extraordinarily reliable contributor to civil aviation the Civil Aviation Medical Association and other aviation organizations through the years. He is so unassuming and reliable that we tend to take his contributions for granted. He is a dependable resource to a large following of general, airline and NASA pilots, to whom he provides expert medical advice and care. As a physician pilot, he serves as a role model in his personal commitment to promoting aviation safety. For his many contributions to civil aviation medicine and to the Civil Aviation Medical Association, we are honored to recognize Floyd F. McSpadden as the recipient of the Forrest M. and Dominique D. Bird Award for 1995.

As a physician pilot, he serves as a role model in his personal commitment to promoting aviation safety. For his many contributions to civil aviation medicine and to the Civil Aviation Medical Association, we are honored to recognize Floyd F. McSpadden as the recipient of the Forrest M. and Dominique D. Bird Award for 1995.

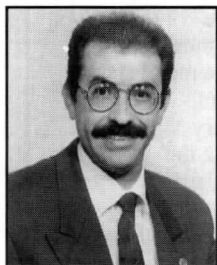


John Rummel, M.D.
New Corporate Member



Earl F. Beard, M.D.
Special Service Award

JOHN A. TAMISIEA AWARD - 1995



Established and sponsored by the Civil Aviation Medical Association in memory of John A Tamisiea, M.D. Awarded annually to an Aviation Examiner or other individual who has made an outstanding contribution to the art and science of aviation medicine in its application to the general aviation field.

The award was presented to Melchor Antunano, M.D. at the Aerospace Medical Association meeting in Los Angeles, CA in May 1995.

Dr. Antunano is Manager of the Aeromedical Education Division, FAA Civil Aeromedical Institute, Oklahoma City, OK. He was awarded the John A. Tamisiea Award for his introduction of innovative and creative teaching procedures for Aviation Medical Examiners (AME's). These procedures have enabled U.S. and international evaluations with enhanced skill and accuracy. The AME's are the backbone of aeromedical safety with respect to all pilots certified by the FAA.



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Internal Medicine AME



News

MEETING SCHEDULES



FAA AVIATION MEDICAL EXAMINER (AME) SEMINAR SCHEDULES

Kansas City, MO November 16-18, 1995
Tampa, FL December 1-3, 1995
Oklahoma City, OK January 8-12, 1996
San Diego, CA February 2-4, 1996
New Orleans, LA February 23-25, 1996
Denver, CO March 15-17, 1996
Oklahoma City, OK April 8-12, 1996
Atlanta, GA May 6-9, 1996
Baltimore, MD June 21-23, 1996
Minneapolis, MN August 2-4, 1996
Seattle, WA August 23-25, 1996
Oklahoma City, OK September 16-20, 1996

For more information, contact your
Regional Flight Surgeon or:

MR. DOUGLAS R. BURNETT

AAM-400

AEROMEDICAL

EDUCATION DIVISION

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OKLAHOMA CITY, OK 73125

(405) 954-4830 / 6214



67th Annual Aerospace Medical
Association Meeting

Atlanta Hilton & Towers

Atlanta, GA May 5-9, 1996

For more information on the AsMA
meeting, contact:

RUSSELL RAYMAN, M.D.

ASMA

320 S. HENRY STREET

ALEXANDER, VA 22314

(703) 739-2240



44th International Congress
of Aviation and Space
Medicine

September 8-13, 1996

Jerusalem, Israel

For more information
contact:

Secretariat

P.O. Box 50086

Tel Aviv, 61500, Israel

ANNUAL CAMA MEETING DATES

Virginia Beach, VA Oct. 16-20, 1996

New Orleans, LA Sept. 3-6, 1997

**CAMA will publish specific
information when details
are available.**

CAMA Headquarters

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*Blessed are the young, for they
shall inherit the national debt.
Herbert Hoover (1874-1964)*

*Too bad the only people who know
how to run the country are busy
driving cabs or cutting hair.
George Burns*

*I never did give anybody hell.
I just told the truth and they
thought it was hell!
Harry S Truman (1884-1972)*

